

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		1				
14		1				
15		1				
16		1				
17		1				
18	1					
19		1				
20		1				
21		2				
22		2				
23		2				
24		2				
25		1				
26		1				
27		1				
28		0				
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50						
TOTAL IND.	2					
TOTAL DEP.	36					
TOTAL CLAIMS	38					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						